12030950106

FORM 1

STATEMENT OF **ORGANIZATION**

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·				Dilice 1089 Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	WIND CENTER
NORTH CAROL	INA SENATOR	IAL CAUCUS		
			1 1 1 1 1	
ADDRESS (number and street)	P. O. BOX 83	94		
(Check if address is changed)	DELRAY BEA	CH	FL ₃	3482 ₋
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES		_ '		
(Check if address is changed)	UnitedStates	SenatorialCaucu	uses@yah	100.com
		<u> </u>		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
(Check if address is changed)			 	
		1 1 1 1 1 1 1 1 1 1	 	
2. DATE ÏO™ ′ 2̂9	9°′ 2012 ′			
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	his Statement and to the best	t of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name of Treasure	, RICHARD KI	EVINSTON		
Signature of Treasurer	Feref !		Date 10 ^M	′ 2 9° ′ 2012 `
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)